



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6533

<b>SERIAL NUMBER</b> 10/768,371	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 6809.230-US
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

Igor Gonda, San Francisco, CANADA;  
 Reid M. Rubsamen, Oakland, CA;  
 Stephen J. Farr, Orinda, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *TKM*

This application is a CON of 09/848,772 05/03/2001 ABN which is a CON of 09/656,535 09/07/2000 PAT 6,250,298  
 which is a CON of 09/004,756 01/08/1998 PAT 6,131,567  
 which is a CIP of 08/792,616 01/31/1997 PAT 5,888,477  
 which is a CIP of 08/754,423 11/22/1996 PAT 5,743,250  
 which is a CIP of 08/549,343 10/27/1995 PAT 5,915,378  
 which is a CIP of 08/331,056 10/28/1994 PAT 5,672,581  
 which is a CIP of 08/011,281 01/29/1993 PAT 5,364,838

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *TKM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/15/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Examiner's Signature</i> <i>TKM</i> Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 25 24	<b>INDEPENDENT CLAIMS</b> 23 3
--	--	-----------------------------------	----------------------------	---------------------------------	--------------------------------------

**ADDRESS**

Reza Green, Esq.  
 Novo Nordisk Pharmaceuticals, Inc.  
 100 College Road West  
 Princeton, NJ08540

**TITLE**

Method for treating diabetes mellitus in a patient

<b>FILING FEE RECEIVED</b> 2580	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
------------------------------------	--	--